

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

A. Full Name (Last, First, Middle Initial) Leonard Fletcher		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2013	
Mailing Address 132 N Haven Road Apt 1W City Elmhurst State IL Zip Code 60126-2955		Transaction ID : SA11AI.4166	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Superur Chemicals		Occupation Transportation Manager	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00	
B. Full Name (Last, First, Middle Initial) Jayne Jicha		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2013	
Mailing Address 2607 Burch Point City High Point State NC Zip Code 27265		Transaction ID : SA11AI.4164	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Nyla Eyecare		Occupation Ophthalmologist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00	
C. Full Name (Last, First, Middle Initial) Dr. Perry Jones		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2013	
Mailing Address 401 Ferndale Ave City High Point State NC Zip Code 27262		Transaction ID : SA11AI.4168	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Carolina Anesthesia		Occupation Anesthesiologist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional).....		1100.00	
TOTAL This Period (last page this line number only).....			